

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

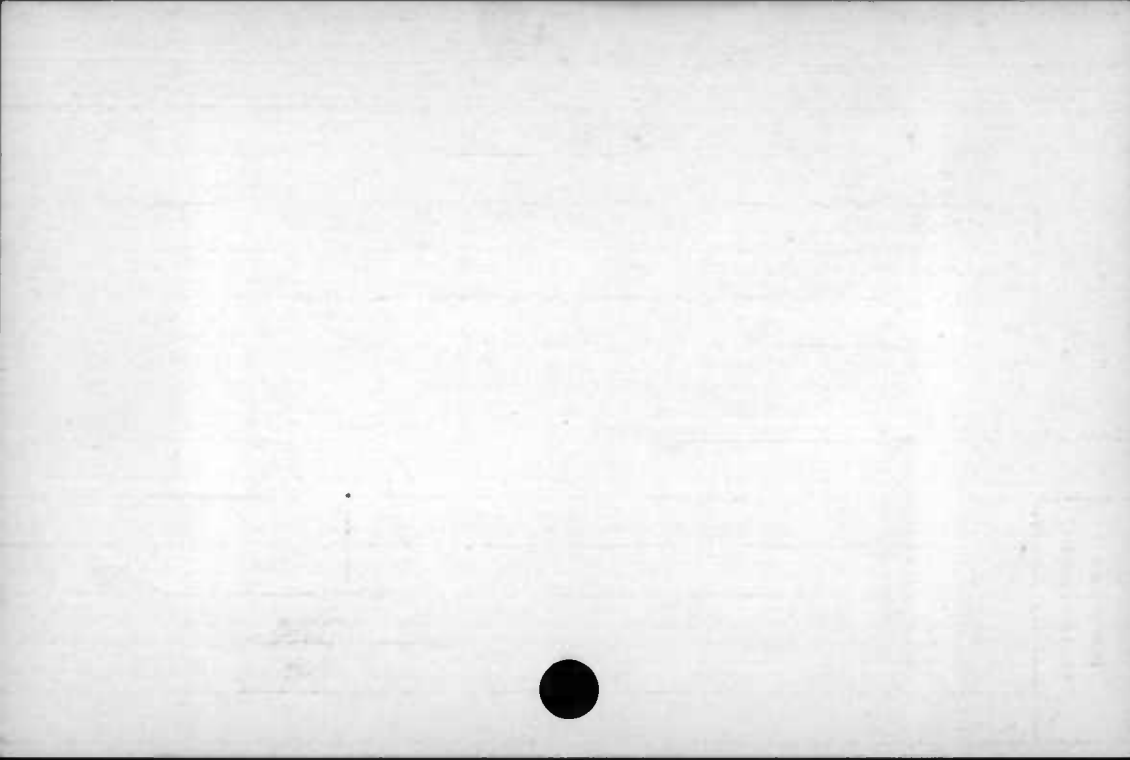
Mary Brennenman
Biting 9th
Garrett
7 July 10
Female
White
11 19
Married
Housewife
Samuel Brennenman
Jacob Otto
Mary Shetter
Lewis Brennenman
Germany
Germany
son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis & Mitral Regurgitation	How long	Two Years
Immediate	Suppression Urine	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. T. Robinson	
Address		Chautauque Md.	
Accident or Suicide?		No	



Name
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CERTIFICATE OF DEATH

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Died at

Kina gale castel
Town *White Rock* County *Garret*

MARYLAND

Date

of death *1907* Month *July* Day *14* Age *1* Years Months *3* Days *20*

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Wm. D. castel

Father's
Birthplace

W.V.A

Mother's
Maiden Name

Rosa E. Uphold

Mother's
Birthplace

Ind.

Name of person giving
In formation

C. M. castel

How related
to deceased

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

1 week

Immediate

"

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. J. Mason M.D.
Friendsville
Ind.

Accident or Suicide?

Sister grave yard

Name
in
Full

Harriet Conner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>High</i> Town		<i>Garrett</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jonas Conner</i>	Father's Birthplace <i>Pa</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Daisy Savage</i>	Name of person giving information <i>Mortimer B. Savage</i>		How related to deceased <i>gran ma</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not Known</i>	How long <i>179</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm H. Farnum</i>
	Address <i>Farmersville Md</i>
Accident or Suicide?	<i>Sub. Registrar</i>

Sand Spring Cemetery

no Physician attending

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Germany</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	Month <i>July</i>	Day <i>26</i>	Age <i>66</i>	Months <i>4</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Harmon	Birth-place <i>Allegheny County - Ind.</i>		
Single , Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Rebecca Otto</i>					
Father's Name <i>Daniel Durst</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Eliza Durst</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Christian C. Durst</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(66)</i>	How long
Immediate <i>Parylissis</i>		How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Peter Nathan, D.R.</i>	
	Address <i>Grantsville, Maryland</i>	
Accident or Suicida? <i>no</i>		

Please fill in space devoted
to agency discussed.

Name
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CERTIFICATE OF DEATH

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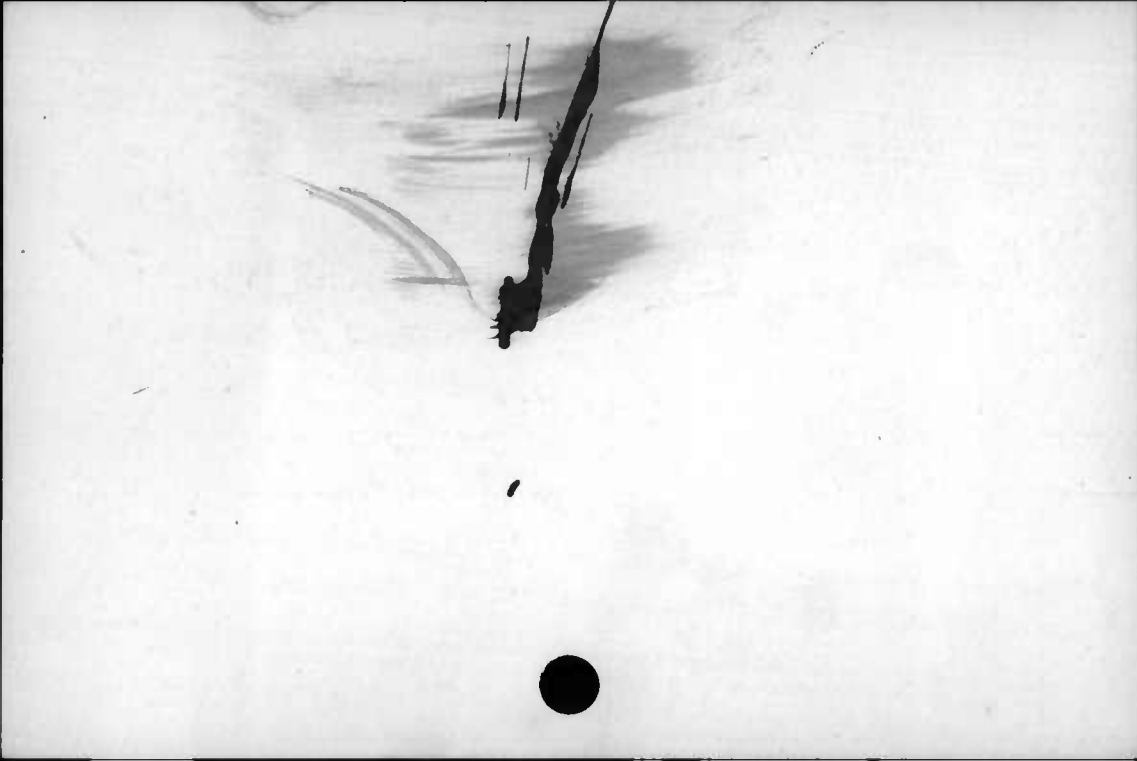
Died at		Town <i>Garrett Co</i>		County <i>Hanson</i>		MARYLAND	
Date of death	190	Month <i>July</i>	Day <i>21</i>	Age	Years <i>41</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Denmark</i>
Occupation				Where Residing if not at place of death <i>Mary J. Hanson</i>			
Married, Single or Widowed			Name of Wife or Husband	<i>Mary J. Hanson</i>			
Father's Name	<i>Edward Hanson</i>				Father's Birthplace	<i>Denmark</i>	
Mother's Maiden Name	<i>Sorenson</i>				Mother's Birthplace	<i>Denmark</i>	
Name of person giving information	<i>Harry Hanson</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>		How long	<i>Seven years</i>
Immediate	<i>—</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>H. L. W. Corras</i>
			Address	<i>Oakland W. V.</i>
Accident or Suicide?				



Name
in
Full

Carl August Fredrick Reichelt

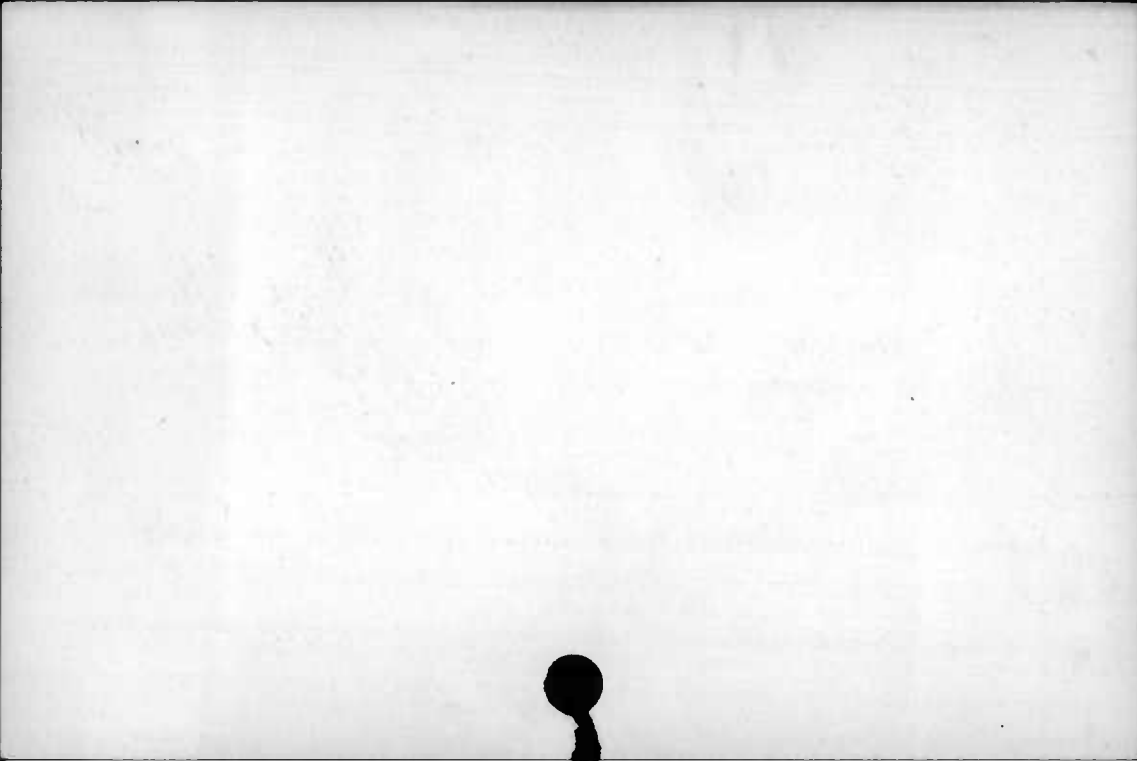
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

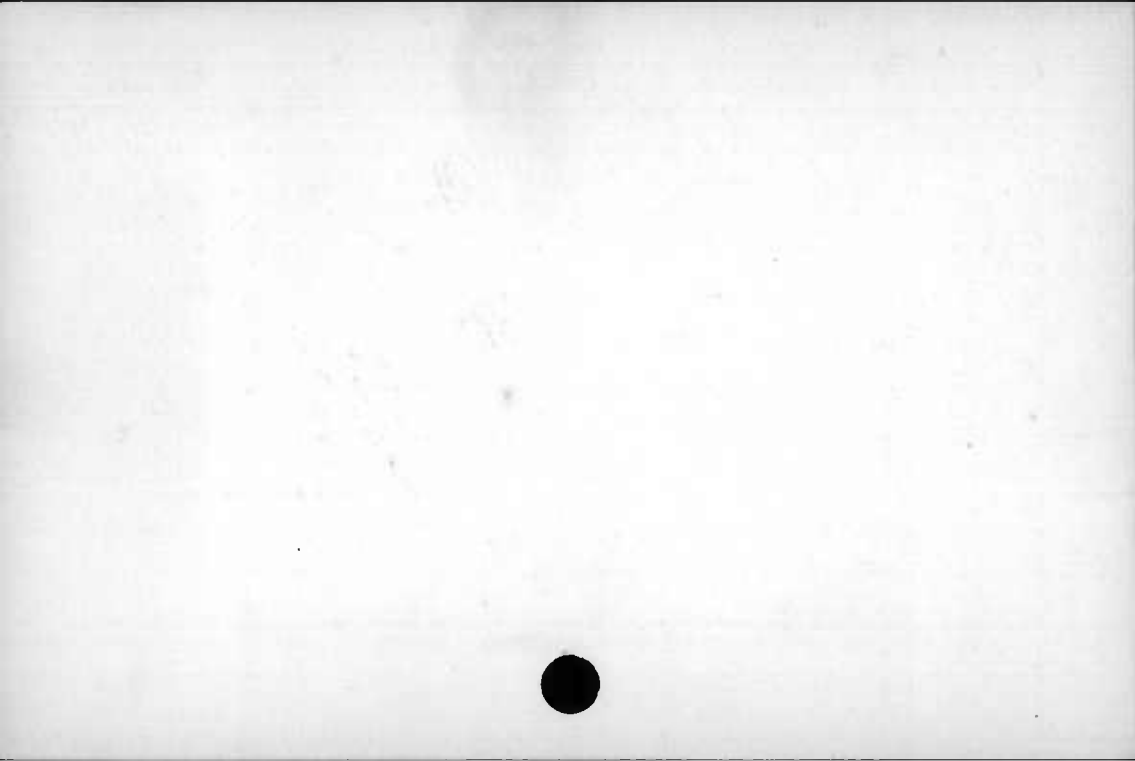
Died at <i>Keyser</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	28
Age	81	Years		Months	8
Sex	Male	Color or Race	White	Birthplace	Germany
Occupation	Miner		Where Residing if not at place of death <i>Keyser Md.</i>		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Rosema Fresh</i>		
Father's Name	<i>Carl Reichelt</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Anna Maria Metz</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Adam Hanft</i>			How related to deceased	<i>Son in law</i>

CAUSES OF DEATH

Primary	<i>Old age</i>	How long	<i>5 hrs</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Peter Nathan</i>
		Address	<i>Grantsville, Md.</i>
			<i>Sub Registrar</i>
Accident or Suicide?			



Name in Full		Colum H Riley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	his home West No 8		Garrett				
	Date of death	1907	Month	July	Day	26	Age
			Years	75	Months	8	Days
	Sex	Male	Color or Race	White		Birth-place	Namphlet Co W Va
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Ellen Biggs		
PHYSICIAN OR CORONER	Father's Name	George Riley				Father's Birthplace	Virginia
	Mother's Maiden Name	Margaret Brant				Mother's Birthplace	Not known
	Name of person giving information	Ephraim Steen				How related to deceased	Wife
	CAUSES OF DEATH						
	Primary	Senility				How long	Several years
Immediate	Eclampsia (Cardiac)				How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
		J. C. Legge		Oakland Md			
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

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Died at <i>Carleand</i>		Town <i>Carleand</i>		County <i>Garnett</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>11</i>	Age <i>40</i>	Years <i>40</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Washer woman</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary *Endocarditis*

Immediate *Paralysis*

How long

How long

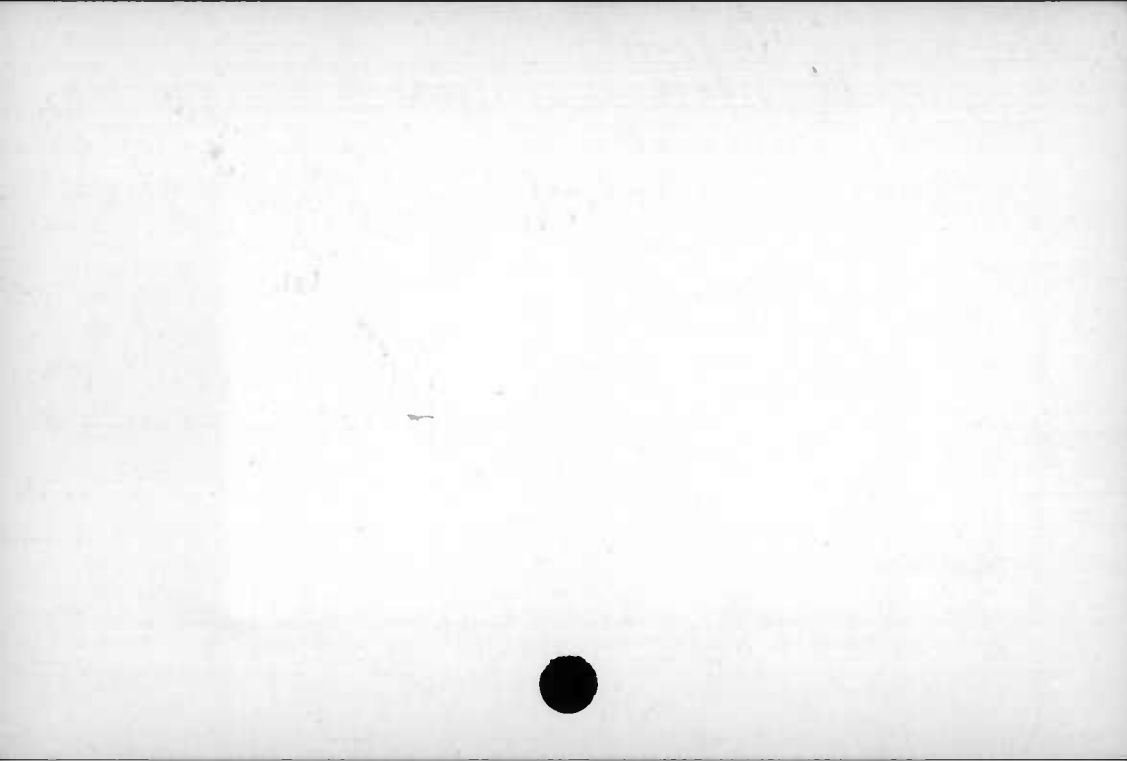
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White</i> ^{Town} <i>Rock</i> ^{County} <i>Garrett</i> <i>Teats</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>25</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>1</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>J. M. Teats</i>	Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>C. M. Castell</i>	Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>C. M. Castell</i>	How related to deceased <i>cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature</i>	<i>151</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. H. H. H.</i>	
	Address <i>Fredricksburg Md</i>	
	<i>Sub. Registrar</i>	
Accident or Suicide?		

Sisler, cemetary

No physician attending

Name
in
Full

Ellen Zinkon

CERTIFICATE OF DEATH

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MARYLAND

Died at		Town Accident		County Garret	
Date of death		Month 7	Day 7	Age 60	Years 8
Sex Female		Color or Race white		Birth-place Cane mid	
Occupation domestic		Where Residing if not at place of death			
Married, Single or Widowed widow		Name of Wife or Husband Henry Zinkon deceased			
Father's Name Melchor Mullen		Father's Birthplace Germany			
Mother's Maiden Name Catherine Dwyer		Mother's Birthplace unknown			
Name of person giving information Charlie Burkhardt		How related to deceased Son in Law			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Probably heart failure	How long	found dead
Immediate		How long	in bed 5-30 and died about 4-30
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. R. Bayer MD	
yes		Address Accident mid	
Accident or Suicide?			

